

2002 UNIFORM BUSINESS REPORT (UBR)

0020312 AB

DOCUMENT # B99000000015

1. Entity Name
ORCHARD CHASE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

WLS/30

02 MAY 16 PM 12:49

Principal Place of Business
4318 ORCHARD CHASE COURT
KATY TX 77450

Mailing Address
4318 ORCHARD CHASE COURT
KATY TX 77450



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number 76-0607706
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GIBSON, JOHN W
139 SEA OATS
PANAMA CITY FL 32413

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,044.00
10. Amount of Capital Contributions in FLORIDA to date. 1,044.00
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	M99000000038
NAME	TOBARRA, LLC.
STREET ADDRESS	4318 ORCHARD CHASE COURT
CITY-ST-ZIP	KATY TX 77450
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	100005664271--2
CITY-ST-ZIP	06/03/02-01030-012
	****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

13 May 02 281-578-5494
Date Daytime Phone #

CR2E003 (9/01)